

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD_R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence Submission:: Yes
Computer Readable Form (CRF)?:: No
Title:: CANINE EMBRYONIC STEM CELLS
Attorney Docket Number:: 14096.0056USWO
Request For Early Publication:: No
Request For Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9
Small Entity:: Yes
Latin Name::
Variety Denomination Name::
Petition Included:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Suzana
Middle Name::
Family Name:: ROSIC-KABLAR
Name Suffix::
City of Residence:: Toronto
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 53 Thorncliffe Park Drive
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M4H 1L1

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Margaret
Middle Name:: R.
Family Name:: HOUGH
Name Suffix::
City of Residence:: Toronto
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 218 Airdrie

Initial 09/28/05

City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M4G 1M8

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Andras
Middle Name::
Family Name:: NAGY
Name Suffix::
City of Residence:: Toronto
State or Province of Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 50 John Street Apt. 1009
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M5V 3T5

Correspondence Information

Correspondence Customer Number:: 23552

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This Application is a	National Stage of	PCT/CA2004/000456	03/26/04
PCT/CA2004/000456	International of	60/458,863	03/28/03
PCT/CA2004/000456	International of	60/526,385	12/01/03

Assignee Information

Assignee Name:: Sunnybrook and Women's College Health Sciences Centre
Street of mailing address:: 2075 Bayview Avenue, S - 130
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M4N 3M5

Assignee Information

Assignee Name:: Mount Sinai Hospital
Street of mailing address:: 600 University Avenue
City of mailing address:: Toronto
State or Province of mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M5G 1X5